

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/541558

FILING DATE

APPLICANT(S)

3-14-06 CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1		1	
2						
3						
4			1		1	
5						
6			1		1	
7						
8						
9						
10			1		1	
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18						
19						
20						
21						
22			1		1	
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24			1		1	
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31			1		1	
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49						
50						
TOTAL IND.			3		3	
TOTAL DEP.		←	29	←	29	←
TOTAL CLAIMS			32		32	

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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97						
98						
99						
100						
TOTAL IND.			3		3	
TOTAL DEP.		←	29	←	29	←
TOTAL CLAIMS			32		32	